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England

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Health and Environmental Impact Assessment: A Briefing for Public Health Teams in England

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About Ben Cave Associates Ltd

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Key messages

The May 2017 changes to the Environmental Impact Assessment (EIA) regulations clarify that 'population and human health' are on the list of topics that are considered in an EIA. Over the next 12-18 months, and as EIA practice adapts, there is a window of opportunity for public health professionals to shape the way population and human health are assessed. Public Health England identifies three areas where Directors of Public Health (DsPH) and public health teams can take action.

Practical Actions

- Complete [Annex 1 - EIA Engagement Action Plan](#) for your local authority. By completing this Plan a public health team will ensure it is ready to proactively engage with an EIA from the outset at screening (Stage A) right through to formal consultation (Stage D), which can pay dividends for local public health.
- Keep a watching brief on larger projects (especially EIA projects) submitted to your local planning authority.
- Public health teams can engage with their planning colleagues (e.g. in the local planning authority) to advise on health issues in local spatial planning and sustainable development. There are many opportunities for such engagement including, but not limited to:
 - the drafting of plans that set the framework for development;
 - advice on the individual project proposals themselves; and
 - sharing sources of information (e.g. Joint Strategic Needs Assessment, Authority Monitoring Report).

The first step: Set up a meeting between your local authority's public health and planning teams to discuss how health is currently considered in planning and EIA.

Build up knowledge

- Ensure teams are aware of the 2017 changes to English EIA legislation, by sharing this briefing and discussing its content and messages in team meetings.
- Develop the team's competencies related to EIA, and consider training, to be able to discharge their role in relation to population and human health within EIA.
- Where a public health team commissions others in this role, the team should at a minimum be aware of the issues involved, to carry out intelligent commissioning.

Shape future practice

- Forge strong links with your planning colleagues and identify opportunities to improve the effective consideration of health issues in future planning applications, especially for EIA projects.
- Directly engage with EIA professionals to improve understanding of the linkages between EIA and health issues.

Introduction

Aims and Audience

This briefing note aims to raise awareness amongst Directors of Public Health (DsPH) and their public health teams about Environmental Impact Assessment (EIA) and the May 2017 changes. It identifies when and how public health teams can contribute to the EIA process. This note is part of Public Health England's work to describe and demonstrate effective, practical local action on a range of wider determinants of health.

The note may also be of interest to those involved in the EIA process and to others concerned with the coverage of population and human health in EIA, e.g. planning officers; environmental health officers; private sector consultants; and community groups.

The English Planning System and Health

The planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. It also plays an important role in protecting the environment and human health. The Government's National Planning Policy Framework (NPPF) (1) makes it clear that local planning authorities should aim to involve all sections of the community in the development of Local Plans and in planning decisions.

Such involvement is supported by the National Planning Practice Guidance (2) which expects local planning authorities to ensure health is considered in the local plan and in planning decisions: this includes health, social and cultural wellbeing and the reduction of health inequalities. The guidance also advises the local planning authority (local authority planners) to consider consulting their Director of Public Health (DPH) for a view on whether planning applications (including at the pre-application stage) are likely to have a significant impact on the health and wellbeing of the local population or particular groups within it. The mention of particular groups within a population allows for a consideration of health inequalities and health equity.

Environmental Impact Assessment

EIA informs and supports applications for development consent of projects likely to have a significant effect on the environment. EIA is a statutory assessment process required for a small number of planning applications (around 0.1%). The main report produced by an EIA is called the **Environmental Statement**. An interim report setting out the issues the EIA proposes to examine is termed a **scoping report**.

The types of project that may require EIA include:

- infrastructure projects, such as: airports, motorways and nuclear power stations;
- certain types of projects in agriculture;
- the extractive industry;
- urban development; and
- flood-risk management.

The complete list of project types relevant to EIA is set out in Schedules 1 and 2 of the Town and Country Planning (Environmental Impact Assessment) Regulations (3).

These are referred to here as the 'EIA Regulations'.

EIA informs planning decisions by evaluating the likely significant environmental effects of a project and provides an opportunity to identify measures to avoid or reduce such effects.

The May 2017 changes in the UK implement the 2014 amendments to the European Union Directive on EIA (4). The amendments clarify that 'population and human health' factors should be on the list of environmental topics considered by EIA.

This briefing note describes the requirements for EIA and focuses in particular on the May 2017 changes to the EIA Regulations (3) that give effect to the amendments as set out in the revised EIA Directive (4).

The briefing note encourages closer engagement between public health teams and their planning colleagues (e.g. in the local planning authority), both in relation to applications subject to EIA, but also more generally.

Changes to the EIA Regulations (3) provide a timely opportunity to reinforce this message.

Health and Environmental Impact Assessment

This briefing note focuses on *population and human health in EIA*. It describes the process of EIA and identifies ways that DsPH and public health teams can engage with the EIA process when there are likely to be significant effects on human health as a result of a proposed project.

This briefing note is primarily focused on EIA planning applications in England. However, the information may also prove relevant to other EIA consenting regimes. For example, Public Health England's (PHE) national remit currently includes commenting on scoping reports and Environmental Statements linked to nationally significant infrastructure projects and environmental permitting.

Terminology used in this briefing note

Public health teams: upper tier and unitary authorities have responsibilities to improve the health of their populations led by the DPH and backed by a specialist public health team. Upper tier authorities are supported in this by other expertise within district councils, for example around environmental health (5).

Development consent encompasses permission (e.g. planning permission) to proceed with a project following formal approval sought from a consenting authority.

Consenting authority:

- the local planning authority: the public authority whose duty it is to carry out specific planning functions for a particular area. All references to local planning authority apply to the district council, London borough council, county council, Broads Authority, National Park Authority and the Greater London Authority, to the extent appropriate to their responsibilities (1); or
- the Secretary of State or the Planning Inspectorate (the executive agency responsible for planning appeals, national infrastructure planning applications, examinations of local plans and other planning-related and specialist casework in England and Wales) (6).
- other consenting bodies under less frequently encountered EIA legislation or regulation (for example references 7,8), examples include: Natural England, the Environment Agency and the Marine Management Organisation.

Developer (also referred to as an applicant, client or proponent) might be a public or private company or an individual. Local authorities and government agencies can also be developers.

EIA professional: developers will typically appoint an environmental consultant to manage the EIA process. The EIA is overseen by an EIA co-ordinator and each topic relevant to the EIA is usually examined by a specialist in that field.

Statutory consultees are the bodies that are required to be consulted during the EIA (e.g. the principal council for the area, Natural England and the Environment Agency). Other bodies may also be consulted during an EIA depending on the nature of the application. Consultation with non-statutory consultees (wider stakeholders) may be more limited in its scope and it may carry less influence. Although DsPH, and the local public health teams, sit within local government, they do not consistently contribute to statutory consultee responses by the local authority. The status of DsPH as consultees in England requires clarification.

Neither the EIA Directive (4) nor the changes to the EIA Regulations (3) seek to define the ways in which topics are addressed. There is thus no definition of '**population and human health**' nor of what is meant by a '**significant**' effect. These are both important definitions on which public health teams may wish to provide advice.

Population and human health in Environmental Impact Assessment

EIA is a **process** that applies to projects which are likely to have a significant effect on the environment. It aims to ensure that when a consenting authority makes a decision about whether to grant planning permission for a project it does so in the full knowledge of its likely significant environmental effects (9).

The law requires an Environmental Statement to identify, describe and assess in an appropriate manner, in the light of each individual case, the direct and indirect significant effects of a project on the following factors:

- a) population and human health;
- b) biodiversity, with particular attention to species and habitats;
- c) land, soil, water, air and climate;
- d) material assets, cultural heritage and the landscape;
- e) the interaction between the factors referred to in points (a) to (d).

The Environmental Statement should also include, where relevant, vulnerability to risks of major accidents and/or disasters that are relevant to the project concerned.

The reference to 'population and human health' in the list of environmental factors above was introduced through amendments to the EIA Directive in 2014, replacing the term 'human beings' (4). However, it is clear from other references to human health in both the 2011 and 2014 Directives that population and human health has always been a relevant consideration in EIA.

As with all applications for planning permission, the potential impacts on health should ideally be considered early in the project's design. **As such, public health teams and their planning colleagues (e.g. in the local planning authority) should agree when and how health expertise should be brought into the planning and EIA processes. Early engagement will help to identify, and to maintain a focus on, the important issues.**

What projects are subject to EIA?

Annually in England less than 0.1% of planning applications are subject to the EIA process. However, screening to determine whether an EIA is required (see [figure 1](#)), occurs far more frequently in all consenting authorities. It is therefore important to ensure that relevant effects on population and human health are considered at the screening stage.

The majority of public and private projects in England requiring EIA are subject to the EIA Regulations (3). These regulations set out the procedure for identifying those projects which should be subject to an EIA. The regulations divide projects into two lists:

- **Schedule 1:** this lists the projects such as larger airports (with a basic runway length of 2,100 metres or more), motorways and nuclear power stations which require an assessment in every case (10);
- **Schedule 2:** this lists projects which must be subject to EIA where they are considered likely to have significant effects on the environment. The Schedule contains applicable thresholds and criteria which if met or exceeded require the consenting authority to screen the project to determine whether it is likely to have significant effects on the environment (taking into account the selection criteria in Schedule 3) (10). Examples of Schedule 2 projects include certain types of agriculture, extractive industry projects, urban projects and flood-relief projects.

For completeness, it is noted that there are more than ten other sets of Regulations implementing the EIA Directive in England through different consenting regimes. This includes the Infrastructure Planning (Environmental Impact Assessment) Regulations 2011 (11), which apply to Nationally Significant Infrastructure Projects (NSIPs). This briefing note does not examine these other EIA regimes individually but each presents broadly similar processes, challenges and opportunities for public health teams.

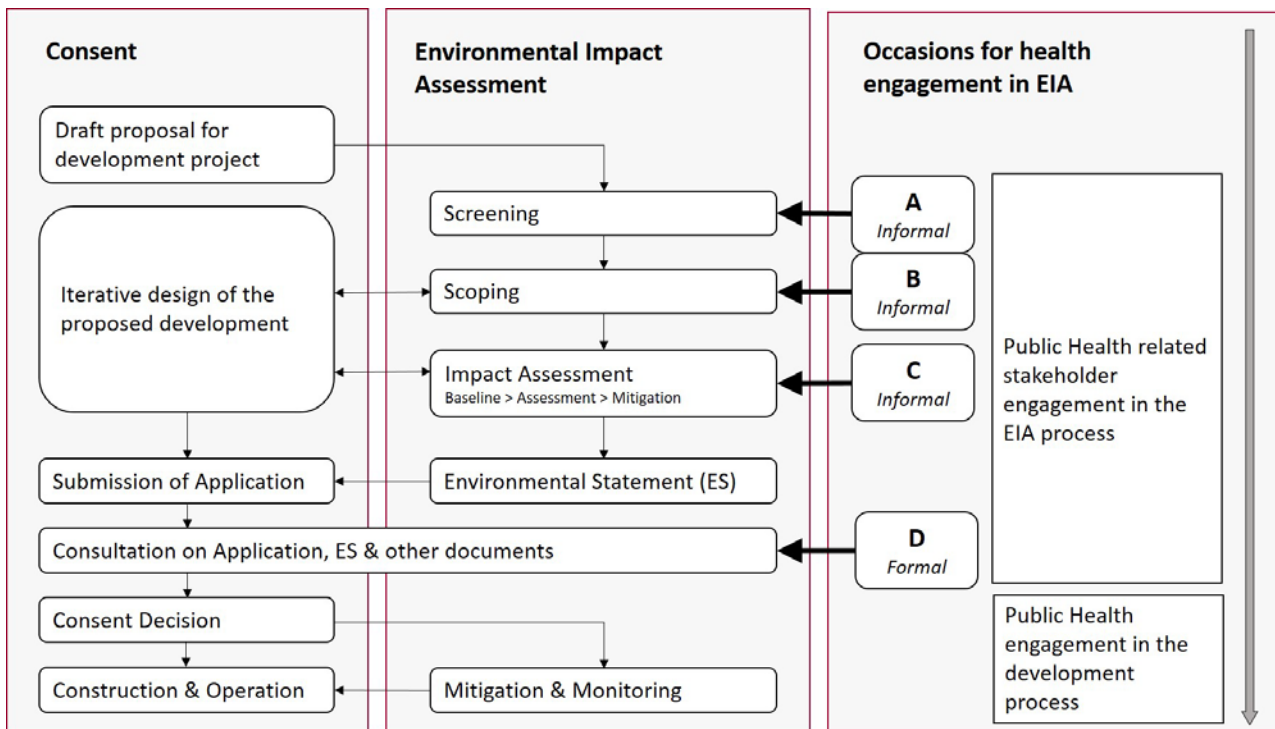
How can Public Health Teams engage in the EIA process?

Public health teams can engage with planning colleagues (e.g. in their local planning authority) to agree the ways in which population and human health should be considered. Opportunities for engagement between health and planning teams exist independent of considering particular applications and irrespective of whether a project is subject to EIA.

Figure 1 shows the process by which consent is granted and by which the EIA is prepared. It identifies opportunities for public health teams to engage in the EIA process. The EIA process is conducted alongside the application for development consent, running from the pre-application phase, through the design process and submission of the application, to the decision of the consenting authority as to whether to award consent.

The next section looks at four occasions (A-D) within the EIA process for health engagement.

Figure 1: The consent and the EIA processes and occasions for health engagement



A: Screening

What is it? The process that is used to determine whether an EIA is, or is not, required.

Formal Process: Projects listed in Schedule 1 of the EIA Regulations (3) automatically require EIA (thus formal screening is unnecessary). For Schedule 2 projects, planning permission cannot be granted to a project that meets, or exceeds, the criteria set out in Schedule 2 unless it has been screened for likely significant effects on the environment, based on the criteria in Schedule 3.

The consenting authority undertakes screening, determining that either: an EIA is not required, or an Environmental Statement must accompany the application. A developer can make a voluntary screening request to the consenting authority before submitting an application. The request must include sufficient information to enable the authority to determine if the project is likely to have significant effects on the environment. In response, the consenting authority issues a **screening opinion** to the developer indicating whether EIA is or is not required, a copy of which is placed on a public register and is open to legal challenge.

English EIA Practice: Some developers will informally consult the most relevant statutory and non-statutory consultees prior to submitting a screening request. Similarly, consenting authorities may informally consult certain statutory and non-statutory consultees, upon receiving a screening request, to inform their screening opinion.

The May 2017 changes to the EIA process

- The addition to Schedule 3 of the criteria: *risks to human health (for example due to water contamination or air pollution)*.
- When a developer makes a screening request they will be required to provide more details about the proposed project and its location. This includes an initial description of any likely significant effects on the environment resulting from: the expected residues and emissions and the production of waste when relevant; and the use of natural resources, in particular soil, land, water and biodiversity.
- The developer can also provide a description of any project features or measures envisaged to avoid or prevent what might otherwise have been significant adverse environmental effects.

Opportunities for Public Health: Consenting authorities undertaking the screening stage at the developer's request have access to public health teams and their expertise. Public health teams should consider proactively engaging with relevant planning colleagues (e.g. in their local planning authority) to raise awareness of their knowledge and ability to aid in the EIA screening process, i.e. to determine in broad terms if a Schedule 2 project is likely to pose a potentially significant risk to human health. Public health teams and their planning colleagues (e.g. in the local planning authority) can also agree how best to coordinate efforts for the screening process.

B: Scoping

What is it? The process that is used to determine which environmental topics will be included in an EIA and the level of detail and methods to be used in assessing these topics.

Formal Process: Scoping is not mandatory. A developer can request that the consenting authority issue an opinion on the scope and level of detail of the information to be included in the Environmental Statement. The EIA regulations (3) stipulate what must happen when a developer makes a voluntary request to the consenting authority for a **scoping opinion**. When this occurs the consenting authority must come to its own view on the topics the EIA will need to cover taking into account the information provided by the developer, in particular on the specific characteristics of the project, including its location and its likely impact on the environment. This will involve consultation with the EIA statutory consultees (e.g. Environment Agency, Natural England, etc). The consenting authority then indicates to the developer what should be covered in the EIA. This is done via a scoping opinion, a copy of which is placed on a public register.

English EIA Practice: Many developers will engage the most relevant statutory and non-statutory consultees prior to submitting a scoping request to inform their submission – often termed a **scoping report**. Upon receiving a scoping request, consenting authorities may also consult non-statutory consultees.

The May 2017 changes to the EIA process

- Population and human health will be on the list of environmental topics that will need to be considered when scoping every EIA, but should only be scoped into an EIA where the likely health consequences of the project are considered to be significant.
- Where a developer chooses to request a scoping opinion, the information contained in that opinion will be more binding on the approach taken in the assessment, with the resulting Environmental Statement produced having to be *based on* the scoping opinion.

Opportunities for Public Health: Public health teams should be ready to engage in either developer led consultation activity, or to contribute to the consenting authority's (e.g. local planning authority's) scoping opinion process. If the links to expert public health advice (public health teams) are not well established, consenting authorities may struggle to identify when relevant population and human health factors should be scoped into an EIA. Public health teams need to **raise awareness** of their interest and **engage proactively** in the EIA process.

C: Impact Assessment

What is it? The developer is responsible for bringing together information on their project proposal and identifying the likely significant effects of the project on the environment. The assessment is reported in the Environmental Statement. Where the developer considers alternatives (for example in terms of project design, technology, location, size and scale), these should be described in the Environmental Statement.

The assessment by the developer is normally an iterative process through which the relevant effects of the project on the environment are described and evaluated to determine their significance. Where appropriate, consideration is given to modifying the project or including mitigation measures to avoid or reduce predicted adverse effects.

Formal Process: There is no formal assessment process dictated by the EIA Regulations (3), however, there are recognised EIA guidance documents, including for specific topics (for example, on health and EIA, see 12).

Where relevant the assessment must consider the direct and indirect significant effects of a project on the environment, as well as considering cumulative effects. Cumulative effects include both those generated by a combination of effects caused by the project and those that would result from interaction between the project being assessed and other existing and/or approved projects.

English EIA Practice: EIA professionals assessing the project often continue to engage with the most relevant statutory and non-statutory consultees. This is particularly the case where significant adverse effects are identified and mitigation measures must be considered (see Schedule 4 of reference 3).

The May 2017 changes to the EIA process

- Where potentially significant population and human health factors have been scoped into the assessment (in Stage B) they will be described and evaluated for significance.
- The Environmental Statement will need to be prepared by competent experts. The EIA Regulations require the developer to state the relevant expertise or qualifications [of the experts who have prepared the Environmental Statement](#).

Opportunities for Public Health: A project can directly affect population and human health, but also have impacts on many different environmental factors that can indirectly affect determinants of health. EIA professionals are familiar with assessing complex environmental interactions. Public health teams can help EIA professionals understand the equally complex interactions that generate health effects and aid in the evaluation of their significance (e.g. local importance of issues and/or acceptability of change).

Identifying opportunities for enhancing health and wellbeing can also be a key outcome of the assessment process.

D: Consultation on the Environmental Statement, examination of the environmental information and decision-making

What is it? A public consultation, run by the consenting authority, allowing all consultees including the public an opportunity to formally comment on the proposed project and the Environmental Statement.

Formal Process: The impact assessment is written up in the Environmental Statement and publicised as set out in the EIA Regulations (3) (e.g. inclusion of a non-technical summary). The Environmental Statement is normally submitted alongside the application for consent. The consenting authority is then required to make the application and the Environmental Statement available to statutory consultees, relevant non-statutory consultees and the public. The consenting authority can request that further information is submitted to ensure the likely significant environmental effects of the proposed project are considered. The consenting authority is then required to take into account the information in the Environmental Statement, the responses to the consultation and other relevant information before determining the application.

English EIA Practice: Developers will often assist the consenting authority's consultation on the Environmental Statement, by sending copies of (or links to) the document to statutory and non-statutory consultees that have previously engaged in an earlier stage. Some developers also run consultation workshops and public meetings to help consultees understand the findings. In the last decade, Environmental Statements have become very large documents and consultation events can assist consultees to find the issues pertinent to their concerns.

The May 2017 changes to the EIA process

- Where it is considered appropriate, the Environmental Statement will include proposals for monitoring significant adverse effects (e.g. monitoring the effect of a feature of a project for its real-world effect on health factors).
- The consenting authority must ensure it has sufficient expertise to examine the Environmental Statement, which may mean health expertise is required, where the impact assessment (Stage C) has identified likely significant effects to health.
- The consenting authority must come to its own reasoned conclusions on the project's significant effects.

Opportunities for Public Health: Where public health teams have engaged in previous stages, the Environmental Statement consultation is an opportunity to ensure the assessment has followed agreed approaches and sufficiently and accurately assessed relevant health related factors. While late engagement is not recommended, if a public health team is only brought into the EIA process at this stage, it still provides an essential opportunity to ensure that any significant population and human health related effects that are likely to arise from the project have been appropriately considered.

Benefits of public health teams engaging in the EIA process

A: Screening: Early engagement by public health teams will help to determine in broad terms whether a proposed project has the potential for significant risks to human health. Although not part of the formal screening process, even brief input from public health teams could help **identify opportunities** to generate significant public health benefits.

B: Scoping: Effective scoping helps to ensure a proportionate and focused impact assessment. Input by public health teams into the scoping stage is key to correctly identifying from the outset which population and human health factors (if any) should be considered in the assessment. Scoping should usually result in most potential health issues (i.e. most determinants of health) being legitimately scoped-out of an EIA. Public health input to scrutinise and agree a proportionate and focused scope should reduce the subsequent assessment and reporting burden on both EIA professionals and on consultees (including public health teams).

C: Impact Assessment: This is the stage where the EIA has its most direct interaction with the design of the proposed project and when mitigation measures to avoid and reduce potentially significant adverse health effects are identified. Engagement by public health teams will ensure relevant effects are understood and opportunities are identified to maximise the health benefits of a project and minimise adverse consequences. This is a key opportunity for public health teams to influence the health and wellbeing of current and future generations.

D: Environmental Statement consultation: This is the formal opportunity, as part of the EIA process, for public health teams to have a voice in the decision as to whether a major project will be awarded consent. It is the **final opportunity** to ensure that population and human health has been duly and appropriately considered and that any mitigation required to avoid or reduce likely significant health effects arising from the project is sufficient to give confidence it will be effective.

It is also the final opportunity to ensure that long(er) term monitoring will take account of any significant adverse issues identified in the assessment and that the results of that monitoring are acted upon. Monitoring can be conducted before development commences, in order to develop a baseline. Usually existing indicators that routinely collect public health information should be used in preference to developing bespoke monitoring regimes.

A strong and clear public health voice at this stage (e.g. a formal written statement from the public health team as part of the local authority consultation response) is key to informing the development consent, including a view on whether population and human health has been appropriately covered by the EIA.

Annex 1: EIA Engagement Action Plan

State of preparedness for EIA	Who, how, what and when
Who is the Public Health nominated contact for matters to do with EIA?	
Who is the Planning nominated contact for matters to do with EIA?	
How do Public Health know when an EIA is starting?	
How have Public Health resources for input into EIA been formally recognised within budgets and job descriptions?	
How do planning colleagues (e.g. in your local planning authority) know when to contact the Public Health team?	
What are the mechanisms and who is responsible for public health input to:	
<i>stage A</i> screening opinions	
<i>stage B</i> scoping opinions	
<i>stage C</i> assessment discussions	
<i>stage D</i> formal consultation	
<i>Post EIA</i> mitigation and monitoring	
What expectations for the coverage of population and human health within EIA should be raised with the developer from the outset to ensure an effective and proportionate assessment?	
What are the mechanisms for highlighting relevant local health priorities and opportunities to the developer and planning colleagues?	
What local public health issues are indicative of 'significant' health effects (beneficial or adverse)? And how are these important local issues communicated to the developer?	
What EIA training opportunities are available for those wishing to develop a specialism?	
When will this Action Plan be reviewed to check that it is up-to-date?	

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